

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14941**

Registration District No. **429**

Primary Registration District No. **5593**

Registrar's No. **9**

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Rural (Nontserrat)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **Passing through County**
years, months or days

3. (a) PRINT FULL NAME **James Ralph Carwile**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **498-14-1409**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Feb 29 1920**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 27 hr. min.

9. Birthplace **Osage County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **Jess B. Carwile**
13. Birthplace **Osage County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Jessie E. Miller**
15. Birthplace **Osage County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray B. Carwile**
(b) Address **Bland Mo.**

17. (a) **Bural** (b) Date thereof **April-29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **College Hill, Cen.**

18. (a) Signature of funeral director **W. Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **5-10-41** (b) **Richard E. Phillips**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Osage**
(c) City or town **Belle Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1941** hour **8** minute **15 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Car accident on Highway 50**

Due to _____

Due to **1700'**

Other conditions (Include pregnancy within 3 months of death) **22**

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **4/26/1941 051**

(c) Where did injury occur? **Johnson Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3

While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature **Edward Andrews** (M. D. or other) _____
Address **Hadden Mo.** Date signed **4/28/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17006
98

RECEIVED
District Health Officer No. 8,
District File Number
5-19-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Carl Priest

Registered Apprentice No.

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above:

No. 23
4-21-41
I X 2732

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14941

Registration District No. 429

Primary Registration District No. 5293

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER

HOWENA MOORE

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Moncervatt T.P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Ralph Carville

3. (b) If veteran name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 26
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Duration _____

Car accident

Hwy 30

Another auto.

Due to _____

8. AGE: Years 21 Months 1 Days 27 If less than one day _____ hr _____ min

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 1700
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 4-26-1941

(c) Where did injury occur? Johnson Co mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State maintained highway
While at work? (e) Means of injury _____

23. Signature Edward Andrus (M. D. or other) Carman
Address Holden, Mo. Date signed 6/20/41

SUPPLEMENTARY

